

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
MASSACHUSETTS VICTORY COMMITTEE

ADDRESS (number and street) **310 FIRST STREET, SE**
Check if different than previously reported. (ACC) **WASHINGTON DC 20003**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00549782 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **08** / **2016** in the State of **MA**

5. Covering Period **10** / **20** / **2016** through **11** / **28** / **2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
CRATE, BRADLEY, T., ,
Type or Print Name of Treasurer

Signature of Treasurer CRATE, BRADLEY, T., , [Electronically Filed] Date **12** / **08** / **2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MASSACHUSETTS VICTORY COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="101270.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="63610.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="103100.00"/>	<input type="text" value="1241450.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="166710.07"/>	<input type="text" value="1342720.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="114968.80"/>	<input type="text" value="1290979.54"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="51741.27"/>	<input type="text" value="51741.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MASSACHUSETTS VICTORY COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	94500.00	1198350.00
(ii) Unitemized	100.00	9700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	94600.00	1208050.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	8500.00	22000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	103100.00	1230050.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	11400.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	103100.00	1241450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	103100.00	1241450.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	25179.29	331987.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	25179.29	331987.29
22. Transfers to Affiliated/Other Party Committees.....	89789.51	955992.25
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	3000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	114968.80	1290979.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	114968.80	1290979.54

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	103100.00	1230050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	103100.00	1227050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	25179.29	331987.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	11400.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25179.29	320587.29

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. BRAIS, ELIOT, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 GEORGE ST
 City PLAINVILLE State MA Zip Code 02762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PLAINVILLE REAL ESTATE Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2016
Transaction ID : SA11AI.8478
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. CIMINI, MICHAEL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 SIDNEY RD
 City STURBRIDGE State MA Zip Code 01566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AUSTIN LIQUORS Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2016
Transaction ID : SA11AI.8451
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. CLAPP, STEPHEN, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 893
 City NORTH ATTLEBORO State MA Zip Code 02761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2016
Transaction ID : SA11AI.8436
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. CLEMMY, MICHAEL, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 855 WEST ST
 City WRENTHAM State MA Zip Code 02093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOCH MOTOR Occupation (for Individual) MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 28 / 2016**
Transaction ID : SA11AI.8430
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. CRONIN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 ATLANTIC AVE
 City BOSTON State MA Zip Code 02210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE CRONIN GROUP LLC Occupation (for Individual) PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 31 / 2016**
Transaction ID : SA11AI.8459
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. DEBLOIS, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 184 FOREST STREET
 City SHERBORN State MA Zip Code 01770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BUNKER HILL CAPITAL LP Occupation (for Individual) PRIVATE EQUITY INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt **11 / 28 / 2016**
Transaction ID : SA11AI.8476
 Amount of Each Receipt this Period 7500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	13500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. DONOVAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 WINTER ST
 City NATICK State MA Zip Code 01760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAPIENT Occupation (for Individual) GM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 09 / 2016
Transaction ID : SA11AI.8475
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. DUTRA, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 490 WINTHROP ST
 City TAUNTON State MA Zip Code 02780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOPES CONTRUCTION Occupation (for Individual) SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 07 / 2016
Transaction ID : SA11AI.8420
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. GALLIGAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 VIRGINIA PL
 City WENHAM State MA Zip Code 01984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRADFORD & BIGELOW INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.8450
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. GERBINO, JOE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 KING RAIL DRIVE
 #215
 City LYNNFIELD State MA Zip Code 01940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KELLY HONDA Occupation (for Individual) GENERAL MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2016
Transaction ID : SA11AI.8446
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. KIMBALL, CHERYL, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 NOUVELLE WAY
 City NATICK State MA Zip Code 01760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KEEGAN WERLIN LLP Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11AI.8457
 Amount of Each Receipt this Period
 10000.00
 Memo Item

C. KIRSHENBAUM, WARREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 KINGS RD
 City SHARON State MA Zip Code 02067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHERRYTREE GROUP LLC Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2016
Transaction ID : SA11AI.8442
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10750.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. LUNDGREN, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 WASHINGTON ST
 City AUBURN State MA Zip Code 01501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LUNDREN MOTORS Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2016
Transaction ID : SA11AI.8455
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. MACKINNON, DONALD, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 152
 City HINGHAM State MA Zip Code 02043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATLANTIC DEVELOPMENT Occupation (for Individual) REAL ESTATE DEVELOPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2016
Transaction ID : SA11AI.8453
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. MACOMBER, ALAN, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 HOOPER ST
 City TIVERTON State RI Zip Code 02878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2016
Transaction ID : SA11AI.8428
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. MAGINN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HUNTINGTON AVENUE SUITE 2200
 City BOSTON State MA Zip Code 02199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JENZABAR Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.8461
 Amount of Each Receipt this Period 10000.00
 Memo Item

B. MAGINN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HUNTINGTON AVENUE SUITE 2200
 City BOSTON State MA Zip Code 02199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JENZABAR Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 10 / 27 / 2016
Transaction ID : SA11AI.8467
 Amount of Each Receipt this Period 10000.00
 Memo Item

C. MCDONNELL, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 ATLANTIC AVE #7E
 City BOSTON State MA Zip Code 02110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIFTH GENERATION Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 8500.00

Date of Receipt 11 / 04 / 2016
Transaction ID : SA11AI.8422
 Amount of Each Receipt this Period 6000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	26000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. MCINNIS, BRENDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 93 STOCKBRIDGE ROAD
 City SCITUATE State MA Zip Code 02066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WHITRIDGE ASSOCIATES Occupation (for Individual) CONTRACTOR/PROJECT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 19 / 2016**
Transaction ID : SA11AI.8448
 Amount of Each Receipt this Period 250.00
 Memo Item

B. MUGAR, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 BERKELEY STREET 13TH FLOOR
 City BOSTON State MA Zip Code 02116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MUGAR ENTEPRISES Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 27500.00

Date of Receipt **11 / 04 / 2016**
Transaction ID : SA11AI.8421
 Amount of Each Receipt this Period 7500.00
 Memo Item

C. MUI, RAYMOND, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 BRANCH AVE
 City PLAINVILLE State MA Zip Code 02762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REM ANGEL PARTNERS LLC Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 28 / 2016**
Transaction ID : SA11AI.8432
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	8750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. POLLOCK, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 KING LANE
 City CONCORD State MA Zip Code 01742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DENTAQUEST Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 17 / 2016
Transaction ID : SA11AI.8471
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. ROMANO, FRANK, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 SUMMER ST
 City ROWLEY State MA Zip Code 01969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ESSEX GROUP Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.8438
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. RUDIS, RICKARD, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 STILLWATER RD
 City SMITHFIELD State RI Zip Code 02917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BUDDHIST ARTIFACTS Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.8426
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. SALMON, ANDREW, L, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 BELLA ROSA DRIVE

City MILLBURY	State MA	Zip Code 01527
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SALMON HEALTH & RETIREMENT	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2016

Transaction ID : SA11AI.8473

Amount of Each Receipt this Period
5000.00

Memo Item

B. SCHUSTER, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 ESSEX RD

City CHESTNUT HILL	State MA	Zip Code 02467
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BLUESTONE HOLDING	Occupation (for Individual) REAL ESTATE DEVELOPER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2016

Transaction ID : SA11AI.8418

Amount of Each Receipt this Period
2000.00

Memo Item

C. SHERIDAN, ROBERT, K, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 CAMELOT DRIVE

City HINGHAM	State MA	Zip Code 02043
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) THE SAVINGS BANK LIFE INSURANCE	Occupation (for Individual) PRESIDENT EMERITUS
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

Transaction ID : SA11AI.8434

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. SLOANE, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 STONECREST DRIVE
 City NEEDHAM State MA Zip Code 02492
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) CENTURY BANK Occupation (for Individual) BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.8433
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. SLUTER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 NEWMAN AVE STE 7001
 City RUMFORD State RI Zip Code 02916
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NEW ENGLAND CONSTRUCTION Occupation (for Individual) CIVIL ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.8440
 Amount of Each Receipt this Period 6000.00
 Memo Item

C. SMITH, ALLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 ALDERBROOK DRIVE
 City TOPSFIELD State MA Zip Code 01983
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) BRIGHAM AND WOMEN'S PHYSICIANS ORGANIZ Occupation (for Individual) PHYSICIAN EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2016
Transaction ID : SA11AI.8469
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	94500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. ALKERMES, INC. POLITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 852 WINTER STREET

City WALTHAM	State MA	Zip Code 02451
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00525063

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2016

Transaction ID : SA11C.8465

Amount of Each Receipt this Period
500.00

Memo Item

B. ALKERMES, INC. POLITICAL ACTION COMMITTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 852 WINTER STREET

City WALTHAM	State MA	Zip Code 02451
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00525063

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2016

Transaction ID : SA11C.8466

Amount of Each Receipt this Period
500.00

Memo Item

C. REYNOLDS AMERICAN INC. POLITICAL ACTION COMMITTEE; RAI PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P. O. BOX 718

City WINSTON-SALEM	State NC	Zip Code 27102
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2016

Transaction ID : SA11C.8424

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SUNOVION PHARMACEUTICALS INC. GOOD GOVERNANCE FUND

Mailing Address **84 WATERFORD DRIVE**

City **MARLBOROUGH** State **MA** Zip Code **01752**

FEC ID number of contributing federal political committee. **C C00423236**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 24 / 2016

Transaction ID : SA11C.8463

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. ABE & LOUIE'S

Mailing Address 793 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 23 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8479

Amount of Each Disbursement this Period

115.76

Memo Item

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 24 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8480

Amount of Each Disbursement this Period

2.00

Memo Item

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8481

Amount of Each Disbursement this Period

800.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

917.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8482

Amount of Each Disbursement this Period

540.00

Memo Item

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8483

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8484

Amount of Each Disbursement this Period

4.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

564.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	6

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8485

Amount of Each Disbursement this Period

[REDACTED] 120.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. APEX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	1		2	0	1	6

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8486

Amount of Each Disbursement this Period

[REDACTED] 40.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. APEX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		2	0	1	6

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8487

Amount of Each Disbursement this Period

[REDACTED] 10.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 170.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. BACK BAY GARAGE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 222 BERKELEY ST		FEC Identification Number C [] Transaction ID : SB21B.8489 Amount of Each Disbursement this Period [] 28.00	
City BOSTON	State MA	Zip Code 02116	Category/ Type []
Purpose of Disbursement PARKING SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: [] District: []			

Full Name (Last, First, Middle Initial) B. BACK BAY GARAGE		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 222 BERKELEY ST		FEC Identification Number C [] Transaction ID : SB21B.8490 Amount of Each Disbursement this Period [] 40.00	
City BOSTON	State MA	Zip Code 02116	Category/ Type []
Purpose of Disbursement PARKING SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: [] District: []			

Full Name (Last, First, Middle Initial) C. BACK BAY GARAGE		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016	
Mailing Address 222 BERKELEY ST		FEC Identification Number C [] Transaction ID : SB21B.8491 Amount of Each Disbursement this Period [] 28.00	
City BOSTON	State MA	Zip Code 02116	Category/ Type []
Purpose of Disbursement PARKING SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: [] District: []			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 96.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. BJ'S WHOLESALE CLUB, INC.		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 25 RESEARCH DRIVE		FEC Identification Number C [] Transaction ID : SB21B.8493	
City WESTBOROUGH	State MA	Zip Code 01581	Amount of Each Disbursement this Period [] 371.49
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BOSTON TAXI		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016	
Mailing Address 37-03 21ST STREET		FEC Identification Number C [] Transaction ID : SB21B.8494	
City LONG ISLAND CITY	State NY	Zip Code 11101	Amount of Each Disbursement this Period [] 10.00
Purpose of Disbursement TRAVEL: TAXI		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. BOSTON TAXI		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 37-03 21ST STREET		FEC Identification Number C [] Transaction ID : SB21B.8495	
City LONG ISLAND CITY	State NY	Zip Code 11101	Amount of Each Disbursement this Period [] 12.60
Purpose of Disbursement TRAVEL: TAXI		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 394.09
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8496
Amount of Each Disbursement this Period
10.60

Memo Item

Full Name (Last, First, Middle Initial)

B. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8497
Amount of Each Disbursement this Period
10.60

Memo Item

Full Name (Last, First, Middle Initial)

C. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8498
Amount of Each Disbursement this Period
16.55

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

37.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8499

Amount of Each Disbursement this Period

41.60

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8500

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8501

Amount of Each Disbursement this Period

20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

81.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. DAVIO'S

Full Name (Last, First, Middle Initial)

Mailing Address 55 BOYLSTON STREET

City CHESTNUT HILL State MA Zip Code 02467

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8506

Amount of Each Disbursement this Period: 97.32

Memo Item

B. DEL FRISCO'S STEAKHOUSE

Full Name (Last, First, Middle Initial)

Mailing Address 250 NORTHERN AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8507

Amount of Each Disbursement this Period: 1047.44

Memo Item

C. DRUMMOND, DAVID, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 329 BEACON ST UNIT 2

City BOSTON State MA Zip Code 02116

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8504

Amount of Each Disbursement this Period: 5317.29

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6462.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. DRUMMOND, DAVID, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 329 BEACON ST
UNIT 2

City BOSTON State MA Zip Code 02116

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8505

Amount of Each Disbursement this Period: 661.00

Memo Item

B. DUNKIN DONUTS

Full Name (Last, First, Middle Initial)

Mailing Address 301 CONGRESS ST

City BOSTON State MA Zip Code 02210

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8508

Amount of Each Disbursement this Period: 64.58

Memo Item

C. EXXONMOBIL

Full Name (Last, First, Middle Initial)

Mailing Address 5959 LAS COLINAS BOULEVARD

City IRVING State TX Zip Code 75039

Purpose of Disbursement TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8509

Amount of Each Disbursement this Period: 61.87

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

787.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. EXXONMOBIL

Mailing Address 5959 LAS COLINAS BOULEVARD

City IRVING State TX Zip Code 75039

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 28 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8510
Amount of Each Disbursement this Period
58.34

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8511
Amount of Each Disbursement this Period
301.34

Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 15 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8512
Amount of Each Disbursement this Period
20.47

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

380.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8513

Amount of Each Disbursement this Period

53.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8514

Amount of Each Disbursement this Period

58.15

Memo Item

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8515

Amount of Each Disbursement this Period

84.55

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

195.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.8516**
Amount of Each Disbursement this Period
53.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.8517**
Amount of Each Disbursement this Period
180.87

Memo Item

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.8518**
Amount of Each Disbursement this Period
90.97

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

324.84

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [] Transaction ID : SB21B.8520 Amount of Each Disbursement this Period [] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [] Transaction ID : SB21B.8521 Amount of Each Disbursement this Period [] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [] Transaction ID : SB21B.8522 Amount of Each Disbursement this Period [] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 102.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [] Transaction ID : SB21B.8523 Amount of Each Disbursement this Period [] 36.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: []	District: []	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 11 / 25 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [] Transaction ID : SB21B.8524 Amount of Each Disbursement this Period [] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: []	District: []	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. GOVERNMENT CENTER GARAGE		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 50 NEW SUDBURY ST		FEC Identification Number C [] Transaction ID : SB21B.8525 Amount of Each Disbursement this Period [] 76.00
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: []	District: []	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 146.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8526
Amount of Each Disbursement this Period
63.68

Memo Item

Full Name (Last, First, Middle Initial)

B. L'ESPALIER

Mailing Address 774 BOYLSTON STREET

City BOSTON State MA Zip Code 02199

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8530
Amount of Each Disbursement this Period
4543.27

Memo Item

Full Name (Last, First, Middle Initial)

C. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8531
Amount of Each Disbursement this Period
22.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4628.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LEGAL SEA FOODS

Mailing Address 75 MIDDLESEX TURNPIKE

City BURLINGTON State MA Zip Code 01803

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 14 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8532

Amount of Each Disbursement this Period

72.88

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8533

Amount of Each Disbursement this Period

53.06

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 26 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8534

Amount of Each Disbursement this Period

8.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

133.94

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8535
Amount of Each Disbursement this Period
8.04

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8536
Amount of Each Disbursement this Period
7.95

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8537
Amount of Each Disbursement this Period
8.07

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

24.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8538
Amount of Each Disbursement this Period
23.13

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8539
Amount of Each Disbursement this Period
24.13

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8540
Amount of Each Disbursement this Period
8.82

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

56.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 02 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8541

Amount of Each Disbursement this Period

9.88

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 03 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8542

Amount of Each Disbursement this Period

9.18

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 04 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8543

Amount of Each Disbursement this Period

9.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

28.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8544
Amount of Each Disbursement this Period
7.95

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8545
Amount of Each Disbursement this Period
19.62

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8546
Amount of Each Disbursement this Period
6.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

34.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8547

Amount of Each Disbursement this Period

7.70

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8548

Amount of Each Disbursement this Period

9.92

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8549

Amount of Each Disbursement this Period

20.21

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

37.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8550
Amount of Each Disbursement this Period
20.85

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8551
Amount of Each Disbursement this Period
20.16

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8552
Amount of Each Disbursement this Period
39.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

80.63

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8553
Amount of Each Disbursement this Period
8.52

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8554
Amount of Each Disbursement this Period
12.50

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8555
Amount of Each Disbursement this Period
14.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

35.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.8556
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.8557
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.8558
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 21 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8559

Amount of Each Disbursement this Period

18.01

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 21 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8560

Amount of Each Disbursement this Period

22.98

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 21 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8561

Amount of Each Disbursement this Period

23.04

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

64.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8562
Amount of Each Disbursement this Period
7.70

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8563
Amount of Each Disbursement this Period
26.70

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8564
Amount of Each Disbursement this Period
11.58

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

45.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8565
Amount of Each Disbursement this Period
32.63

Memo Item

Full Name (Last, First, Middle Initial)

B. O'NEILL, KELLIE, , ,

Mailing Address 4 CHARLOTTE DRIVE

City ANDOVER State MA Zip Code 01810

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8528
Amount of Each Disbursement this Period
2295.00

Memo Item

Full Name (Last, First, Middle Initial)

C. POST 390

Mailing Address 406 STUART STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8569
Amount of Each Disbursement this Period
75.06

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2402.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONS

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2016

FEC Identification Number

C []
Transaction ID : SB21B.8570
 Amount of Each Disbursement this Period
 [] 3017.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SEAPORT HOTEL

Mailing Address 1 SEAPORT LANE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2016

FEC Identification Number

C []
Transaction ID : SB21B.8573
 Amount of Each Disbursement this Period
 [] 35.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SEAPORT HOTEL

Mailing Address 1 SEAPORT LANE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2016

FEC Identification Number

C []
Transaction ID : SB21B.8574
 Amount of Each Disbursement this Period
 [] 38.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 3090.00
[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHELL OIL

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8575
Amount of Each Disbursement this Period
45.34

Memo Item

Full Name (Last, First, Middle Initial)

B. SHELL OIL

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8576
Amount of Each Disbursement this Period
22.61

Memo Item

Full Name (Last, First, Middle Initial)

C. SPEEDWAY

Mailing Address 874 DORCHESTER AVE

City BOSTON State MA Zip Code 02125

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8579
Amount of Each Disbursement this Period
38.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

106.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8580
Amount of Each Disbursement this Period
683.13

Memo Item

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8581
Amount of Each Disbursement this Period
665.44

Memo Item

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8582
Amount of Each Disbursement this Period
670.08

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2018.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 25 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8583
Amount of Each Disbursement this Period
497.24

Memo Item

Full Name (Last, First, Middle Initial)

B. TD GARDEN

Mailing Address 100 LEGENDS WAY

City BOSTON State MA Zip Code 02114

Purpose of Disbursement DRUMMOND REIMBURSEMENT: CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8594
Amount of Each Disbursement this Period
661.00

Memo Item

Full Name (Last, First, Middle Initial)

C. THE CAFE ON NEW CHARDON

Mailing Address 25 NEW CHARDON ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement RIGDON REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
11 / 17 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8593
Amount of Each Disbursement this Period
47.35

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

497.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. THE FAIRMONT COPLEY PLAZA

Full Name (Last, First, Middle Initial)

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8584

Amount of Each Disbursement this Period: 51.00

Memo Item

B. THE FAIRMONT COPLEY PLAZA

Full Name (Last, First, Middle Initial)

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8585

Amount of Each Disbursement this Period: 16.00

Memo Item

C. THE FAIRMONT COPLEY PLAZA

Full Name (Last, First, Middle Initial)

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 23 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8586

Amount of Each Disbursement this Period: 43.17

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 110.17

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE LENOX

Mailing Address 61 EXETER STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8587

Amount of Each Disbursement this Period

[REDACTED] 57.08

Memo Item

Full Name (Last, First, Middle Initial)

B. VERIZON WIRELESS

Mailing Address 15505 SAND CANYON AVENUE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement
MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8588

Amount of Each Disbursement this Period

[REDACTED] 689.24

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 746.32

[REDACTED] 24845.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 24 / 2016

FEC Identification Number

C
Transaction ID : SB22.8567
Amount of Each Disbursement this Period
21001.85

Memo Item

Full Name (Last, First, Middle Initial)

B. MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB22.8568
Amount of Each Disbursement this Period
20263.88

Memo Item

Full Name (Last, First, Middle Initial)

C. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 24 / 2016

FEC Identification Number

C
Transaction ID : SB22.8571
Amount of Each Disbursement this Period
31129.96

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

72395.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. REPUBLICAN NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 310 FIRST STREET, SE

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2016

City
WASHINGTON

State
DC

Zip Code
20003

FEC Identification Number

Purpose of Disbursement
TRANSFER

C

Candidate Name

Category/
Type

Transaction ID : SB22.8572

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

17393.82

State: District:

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

--

State: District:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

--

State: District:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

17393.82

89789.51
